DEPARTMENT OF HEALTH AND MENTAL HYGIENE

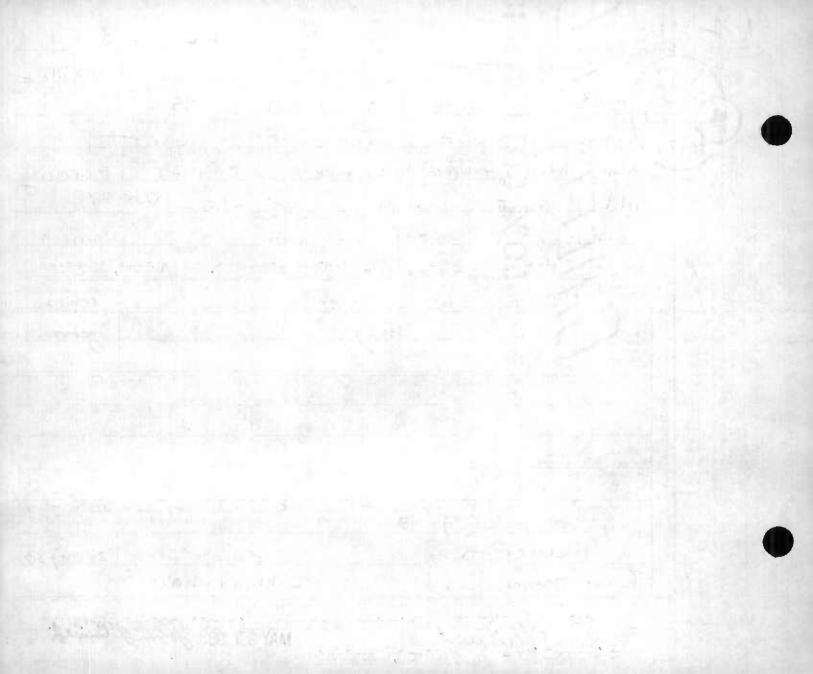
	-	STATE REGISTRAR		CERTIFICATE	OF DEATH	8 R. N.	0.	3 5	1 2
		CEASED NAME FIRST	WIGOFE	LAST		20. DATE OF DEATH	MONIH DAY	YEAR 2b	HOUR
		Cibarce	Hilary	BAU	CENC		S 24	1983 3	:45 AM
	3. SEX	1 4	RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE TIN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS
		male	white	5 8	1881	95	YRS	DATS INC	JURS MIN.
2	H BI	RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY	? 8.	EVER MARRIED	9 BALTIMORE CITY O		DEATH	
N	D	md-	USA	WIDOWED	DIVORCED [C	-accett		MD.
7	IL CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI	NG HOME OR OTHE		120 USUAL OCCUPATI	ON 12	b. KIND OF B	
9	C	akland md-	CUOPH - WPCKS	Velceine He	mp	Farm (DUSTRY	m i .a -
7	CISU,	AL RESIDENCE (IF NURSING HOME OF COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE		11.0			Tarr	1119
2		Md. Ga	- 11	and YES		RT.3	BOX	272	1550
1	III FA	THER'S NAME FIRST M	IOOLE LAST	15. MO	THER'S MAIDEN NA.	ME		LAST	
4		Simon	Bak	er E	lizubeth		U	Jarni	CK
		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SEC	-5-0	ORMANT	ADDRE			
		== Yes WW]	1 215-31	-1164 Sta	ınley Bake	er Rt. 3	Oakland,	Maryl	and
	7	18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), or	nd (c)				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	113 4-	- trilu	re			Moni	1+5
	3	4797	DUE TO, OR AS A CONSEQU	IENCE OF					
Н		Conditions, if ony, which	(b)	ASCUI)			1511	year	3.
		gove rise to immediate cause tot, stating the	DUE TO, OR AS A CONSEQU		F115-11-10				
		underlying couse last.	(c)	JEINCE OF					
		PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	V PART I/o	
-	NO			- 11 - 11 - 11					
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS I	PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS	USED
4	I					YES NO	IN CERTIFYING		DEATH?
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HC	OW INJURY OCCUR	RED (ENTER NATURE OF INJUI			
	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LO	CATION				
	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	FARM ETC	STREET	CITY OR TO	WN (PIPUD	STATE
		220.1 certify that (It (this hospita	I) attended the deceased from	Det	19.8)	to MA	- 10	52	and town laws
		sow the deceased alive on	17 mm 105			death occurred on the de	te and hour and		ses stated
1		obove, (d) (we) (d(d) (did not)	view the body ofter death.	DEGREE	(3			22c. DATE SIG	
		May	allo 3	DEONEE	ATTENDING _	MEDICAL STAF	F	221. DATE 510	
1		224 PHYSICIAN'S NAME (TYPE OR	DDIAITI	1220 AF	PHYSICIAN L	DIRECTOR PHYSIC	IAN	24 /00	787
	1	11.	<u> </u>	226 AL		land, md			-
4			red D.O.						
	23a. B	URIAL, CREMATION, REMOVAL	Constitution and the second	NAME OF CEMETER		23d. LOCATION CITY OR TOWN	cou	INTY	STATE
		Burial	5/27/83 / Fa	airview Ce	meterv	(rural) &	akland (farr . 1	/d
	0.4 5	INERAL DIRECTOR	1 - 1/		MAY		- Current	1027	1

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 8 spows ony injury, or other troumotic

Durst Funeral Home Oakland, Maryland



or other traumatic

morked or Item 18 sho

IMPORTANT: If Item 21 is

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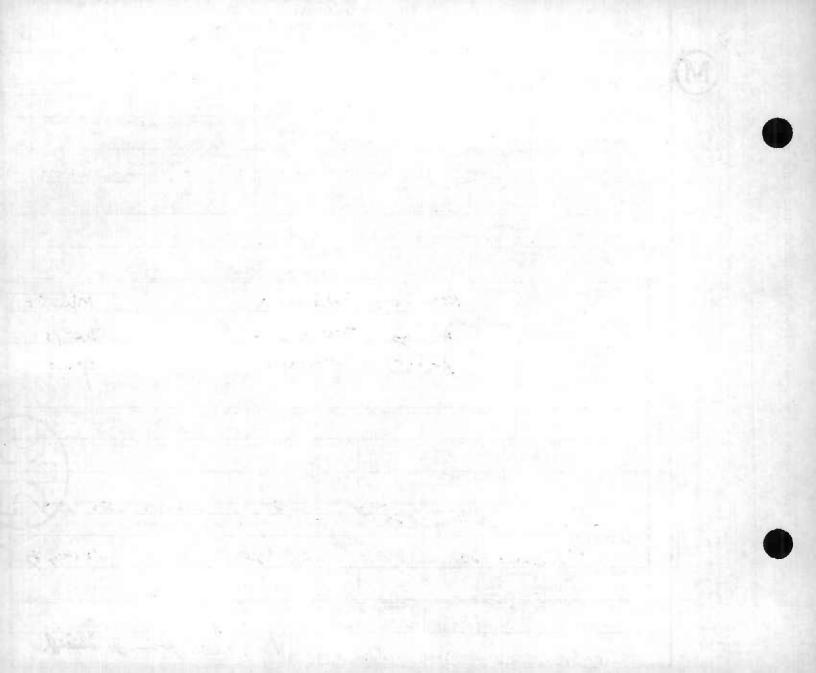
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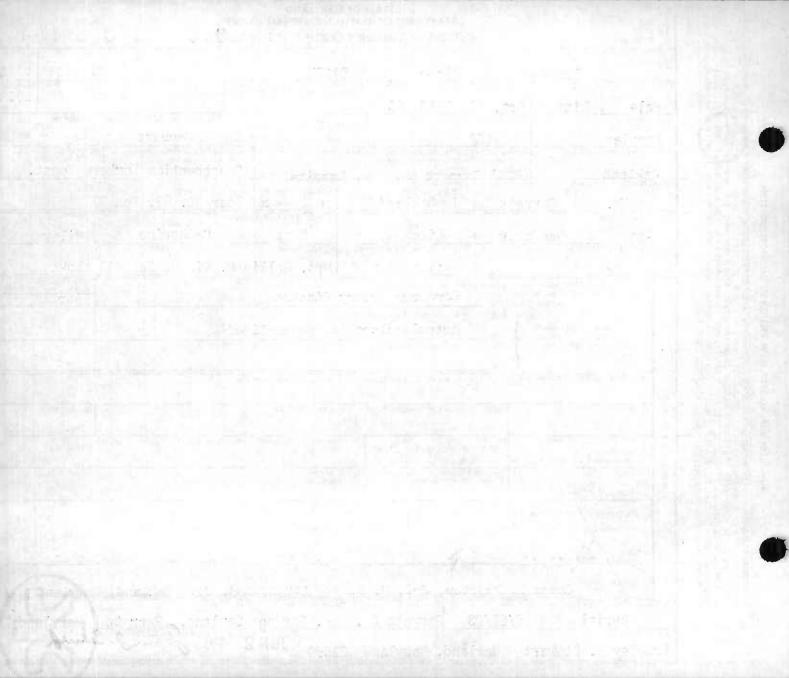
FOR - STATE REGISTRAR

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 3	3 5 1 3
MIDDLE	LAST	26. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Guy	Beckman	May 12, 1983	3 M
ACE	5 DATE OF BIRTH MONTH DAY YEAR		INDER I YEAR IF UNDER 24 HRS
White	March 14, 1902	81 YRS	THS DAYS HOURS MIN
ITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
USA	WIDOWED DIVORCED	Garrett County	MD.
NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR INDUSTRY
Garrett Count	y Memorial Hospital		
ER INSTITUTION GIVE RESIDENCE BEFORD 13c. CITY OR TOV Mt. La LAST Beckman PFORCES? ISB SOCIAL SECTORDAYES:	ke Parkyes \ NO \ 13. MOTHER'S MAIDEN NAME FIRST Susie E.	MIDDLE	nue 21550
219-03-	9537 Delores Bec	kman See #13 abo	NA
ne cause per line far (a), (b), ai	nd ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEOU	Tes, DEHYDRATE	in	Drys
DUE TO, OR AS A CONSEOU	1000000		years.
DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PARI 1(a)
196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH? NO
21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I	OR PART 2)
21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
attended the deceased from 19 19 19	and that in my (aur) apinion	to May 12, 19 death occurred an the date and hour an	d fram the causes stated
ce so.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 May 83
NY)	22e ADDRESS		
MD	3 S. Third		ID 21550
3b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COL	UNTY , STATE
May 14, 1983 No	orth Glade Cemetery		

DECEASED NAME TYPE OR PRINT George SEX Male C. BIRTHPLACE STATE OF FOREIGN Swanton CITY OR TOWN OF DEATH Oakland USUAL RESIDENCE (IF NURSING HOME OR OTH 13a STATE 13b COUNTY Maryland Garre A FATHER'S NAME MIDI George H. 60. WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WAI no 18 CAUSE OF DEATH Enter only a PART I. DEATH WAS CAUSED B IMMEDIATE C Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CON CERTIFICATION 19a DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED NOT WHILE WHILE AT WORK 220.1 certify that (D) (this haspital) saw the deceased plive on obove, (I) (we) did (did not) vi 226. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR PRI Thomas Mance. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial MAY 1 7 1983 24 FUNERAL DIRECTOR Oakland, Maryland 21550 Bradlev A. Stewart



20M 4/B2



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

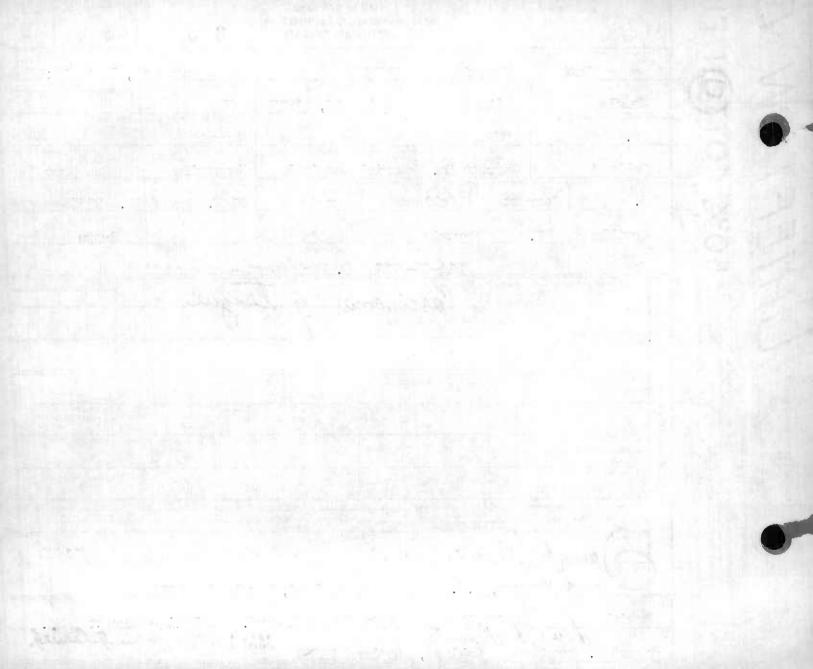
EN	8	REC
20	DATE OF	DEAT

						- REG	NO.		
	DECEASED NAME FIRST	MIDDLE	L.	.AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Ruth	Marquis	DURST	r		Ma	v 10	. 1983	10:15 a
3.	SEX	4 RACE	S. DATE C		WF 1.0	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAY	
1	Female	White	July		1917	65	YRS	MONTHS! DAY	S HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER	MARRIED T	9 BALTIMORE CIT		Y OF DEATH	
L	Pa.	USA	WIDOWE	DX D	NORCED [Garrett			ME
10	CITY OR TOWN OF DEATH	J IF NOT IN SUCH FACILI	TAL, NURSING HOME O			12a. USUAL OCCUP			OF BUSINESS OR
4	Oakland		o. Memorial	L Hospi	tal	Housewif	e	Own	Home
11	SUAL RESIDENCE (IF NURSING HOME 30. STATE 136 CO	UNTY INCC	ITY OR TOWN	134 INSIDE O	ITY LIMITSY	13e STREET ADDRES	s		
4		rett 0	akland	YES 🔯	NO []	21 N. Se	cond S	t. 21	550
1	FATHER'S NAME	MIDDLE	JASE	IS MOTHER	S MAIDEN NA/	WE WEST			AAT
1		Marq	Control of the last of the las	Ad	100			Brown	2
16		ARMED FORCES?	OCIAL SECURITY NO.	IJ INFORMU	ANT	ADI	MESS		
L	No	21	4-05-8712	R. Ma	rk Durs	st - same	as 13		
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line fo	politic and ici.			-		HE WEL	M CHIEF AND DEATH
П		ATE CAUSE (a	artinon	101	9 K	Dugue			
	1419	DUE TO OR AS A	CONSEQUENCE OF		X	0			
	Canditians, it any, which	(b)			()	0			
Н	gove rise to immediate couse (a), stating the)							
1	underlying couse lost	DOE TO, OR AS A	CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART	lin
3									
A CITA CATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		S, WERE FINE	
						YES NOTE		ES CAUS	ES OF DEATH?
3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY NONTH DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF	B MATE NE YAULE	PART I OR PART 2)
13	OR CONTRIBUTING CAUSE OF E	CATT.	19	13.0					
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJ		216 LOCATI		CITY OI	TOWN	COUNTY	STATE
13	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	TORY, OFFICE, FARM, ETC.)	JINCE		Cirio		0001411	STATE
	22a 1 certify that (I) (this has	prial) attended the dece	ased from		. 19	, to		19	, that (I) (we) last
1	saw the deceased alive	onthe body after d	19, an	nd that in (my	(aur) apinian (death occurred an the	date and ha	ur and from th	ne couses stated
	SSF SIGNATURE	11	-	DEGREE				221 DA	TE SIGNED
	Deeph	(Thores	- mid		ATTENDING PHYSICIAN.	MEDICAL S DIRECTOR PHY	SICIAN []	5,	/11/83
	224 PHYSIGIAN'S NAME 1318	(OFFERIO	700	22e ADDRES					
	Joseph Al	varez, M.D.		Oakl	and. Ma	rvland 2	L550		
23	BURIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF C			23d. LOCATION		COUNTY	
L	Burial	5/13/83	Garrett	Memor	ial Gar		nd o Ga		Md.

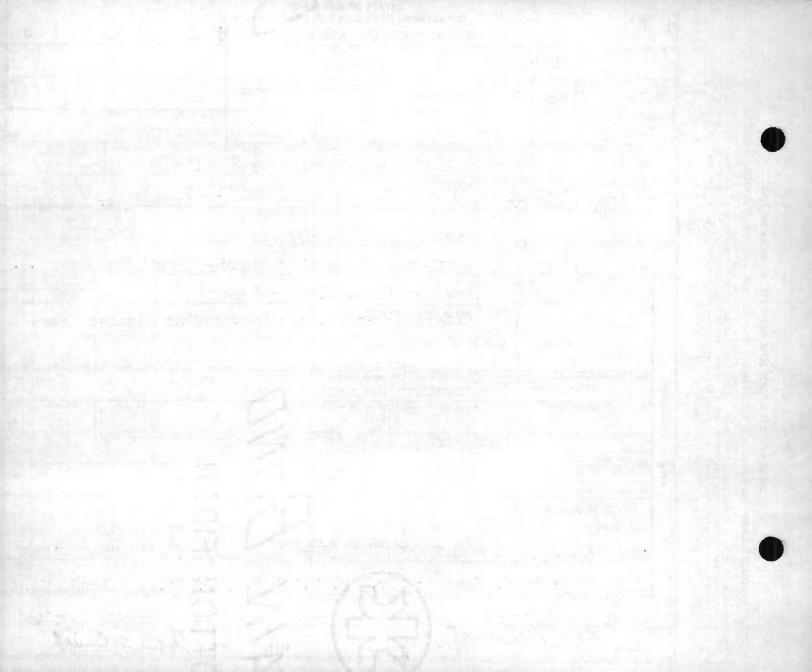
DHMH - 16 50M 1/B1 (VRA 15, 4)

Robert M. Durst Oakland, Maryland 21550

250. DAJE AT 9 BYRESHS BAR 25 SEGETRAR'S GONCURE



	1	500			DEDART		OF MA			IVOIEN						
	1-	FOR STATE REGISTRAR		ME		MENT OF HI						REG. N	1 3	5	1	6
88 84 85 85 FF.		CEASED NAME PE OR PRINT)	Sher	wood	MIDDLE	Gre	ssum	sr 1			OF	KNOWN (MONTH	28	YEAR 1983	26. HOUR 1058
ARY, REASE DIRECTOR. YOUR FILES. HON STREET,	3 SE	ale	Black	5 DATE OF BIRTH	1904	AGE (IN YEARS	MONTHS	DAYS	IF UNDER	24 HRS.	2c. DATE PRONOUI DEAL	NCED	MONTH 5	29	83	1215
A SEPARE	100	LACE (STA	P. L. Paul	76. CITIZEN OF W	HAT COUN		MARRIED	V	VER MARR		-	rett	OR COUN	TY OF D	EATH	MD
ELAY IS PAGE BEELED	10. C	or town o Oaklan	of DEATH	Dennett	SPITAL, NUI	RSING HOME, (REET ADDRESS) Mano	or other	institu i rsi i	ng H	ome	JAL OCCU	PATION (TYPERKING LIEE)	PE OF WORK	OR	D OF BUSTR	SINESS
Om to colle and	13a S	at RESIDENCE (TATE arylan	THU OUNT		13c. CITY	BEFORE ADMISSION OR TOWN timore	13	d INSIDE CI	TY LIMITS?	13e STR	2 Pi	tche	r St		212	17
. КЕ, МД.	1 8	ATHER'S NAME FIRST herwood			ressum	LAST		Alic	R'S MAID	EN NAME		MIDDLE	UNKI		AST	
T., BALTIMORE, MD. 21201 UNRS AFTER DEATH. IF ANY 18. GIVE PAGES 1, 2, AND WITH FOO PAGES II. PAGES UT. PAGES	10	MAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. ARM VN) (IE YES, GIVE W UNKNOW	VAR OR DATES)		01-6516		INFORA	TNAN	ecor	ds- D	ADDRESS ennett	3		nor I	N.H.
: 565-0		18 CAUSE OF PARTIDEA	DEATH (Enter only ATH WAS CAUSED MMEDIATI	BY: CAUSE (a)	ereb	eral v								Da	PROXIMATE TEEN ONSET	AND DEATH
ITAL RECORDS, 201 W. PRESTON ST HOULD BE EXECUTED WITHIN 24 HOW RD "PENDING" IN PENCIL IN ITEM 11 HIEF WEDICAL EXAMINER ALONG USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, BIALL "REMATION, OR REMOVAL."		gove rise	s, if any, which to immediate stating the under- le last.	(b)		SEQUENCE OF	roti	c ca	ardi	o-va	scul	ar di	isea	se :	lear	s
RECORDS, D BE EXEC PENDING" A MEDICAL O AS A BUE EALTH AN CREMATI	NOTA	PART 2 OTHER SIG	nificant conditions c	ontributing to death	BUT NOT RELA	teo to the termina	ni oisease oi ment	ia	N GIVEN IN PA	RT 1 (a),						
F VITAL RE E SHOULD WORD "PE WORD "PE E CHIEF A BE USED A BURT OF HEA	CERTIFICATI	190 DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPERAT	ION WAS	PERFOR	MED?	1					UTOPSY?	NO 🗓
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECRITING THE WORD "PENDING" REDED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUISE DEARTMENT OF HEALTH AND OF PRIORY TO BE HALL "REMAIN"		210 EXTERNAL UNDERLYING CONTRIBUTIN			M. MONTH	DAY YEAR	21c. HOV	V INJURY	OCCURRE	D (ENTER	NATURE OE IN	JURY IN ITEM 18	PART I OR PA	RT 2)		
12AAAKI	MEDICAL	21d INJURY OF WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY CTORY, FARM, ET		214. LOCA STRE			1	CITY OR TO	OWN	co	YTAU		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST. BAFILMORE, MARYLAND, 2.		death results	ner I took charge	of the remains de	Accident	ve, held on Suici		Hamic TITLE (S DEPU	PECIFY)	Undet	Inquiry termined m	onner .	nd in my a		-19	0 2
MEDICAL CUTE THE SE 4 SHO SE 5 SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO	1	EXAMINER'S N	James James	s H. Fe	astei	, Jr.	M.D.				nd.	St.	0ak			
	33a B	The same of the sa	ION, REMOVAL TO		23c. N	kland (TERY OR	CREMATO		CITY	CATION ORTOWN kland	Car	rett	NTY	arvla	ATE .
BP DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT	uneral H	Dur	7	-			250. DATE	REC'D. BY	REGISTRA	AP 256 REG	ISTRAR'S			MICA.
20M 4/82		Durst F	uneral h	AIR (Jaktan	d, Mary	Tallu		TITI	4	MOD (/1	-0			

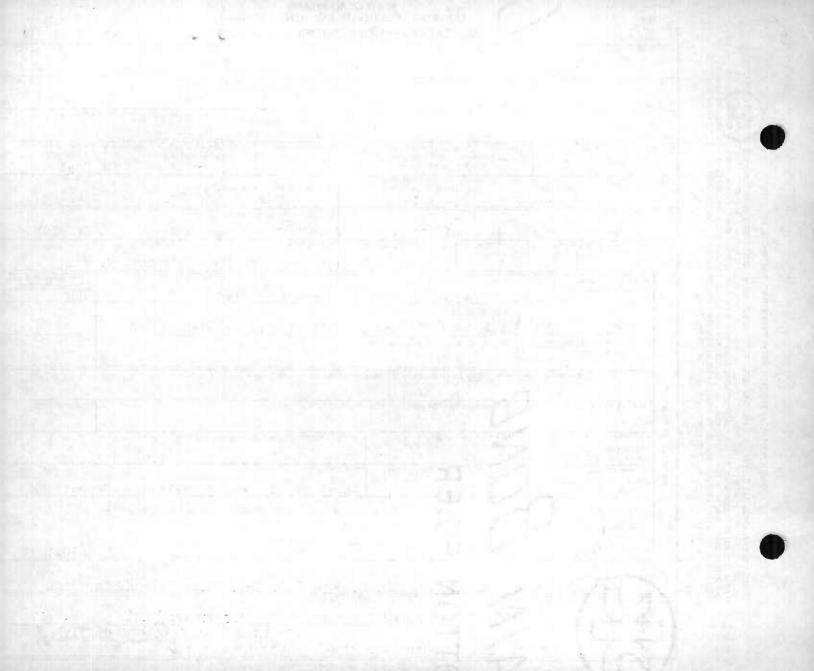


	REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE MIDDLE	MINER'S	CERTIFICATE C			2 2 110
(11)	PE OR PRINT)	Harr	V	Raymond	Н	lockman	Or Call	L-X	
3 SEX	(4 R	ACE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U			5 2 19 8	AR 2d HO
M	ale Wh	nite	4-19-19		YRS. MON	THS DAYS HOURS	MIN PRONOUNCED DEAD	5 2 19 8	3 9:10
	RTHPLACE (STATE C	OR .	76 CITIZEN OF WH	AT COUNTRY?	8. MAPE	RIED NEVER MARK	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	aryland		USA					t County.	,
TO C	ITY OR TOWN OF D	HTAS	TT. NAME OF HOSE	PITAL, NURSING H		HER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OF OR INDU	BUSINESS
1	Oakland			t Co. Mem		Hospital	Laborer	Variou	
130. S	AL RESIDENCE (IF IN	NURSING HOME O	ROTHER INSTITUTION, GIV	13c. CITY OR TOV	OMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	ryland		rett	Accider	nt	YES NO		41 2	1520
14 F/	ATHER'S NAME		WIDDLE	LAST		TS. MOTHER'S MAID	EN NAME MIDDLE	LAST	
	William			Hockman		Amanda	(Bowser)) Hockman	
16a. V	VAS DECEASED EVI ES, NO, OR UNKNOWN)		WED FORCES?	166. SOCIAL SEC		17. INFORMANT	Route 3, ADBES		
	No	_		215-18-8	3509	Alice Lon	g, Deer Park, M	Md. 21550	
	18 CAUSE OF DE	ATH (Enter an	y ane cause per line	for (a), (b), and (c)	.)			APPROXIM BETWEEN ON	ATE INTERVAL
	PARTIDEATH LL Slock		TE CAUSE (o)	neumonia					
7	Discussion.		DUE TO, OR	AS A CONSEQUEN	NCE OF				
	Canditians, it	f any, which a immediate	(b)						0.00
	cause (a) stat lying cause la	ing the <u>under</u> -	DUE TO, OR	AS A CONSEQUEN	NCE OF				
			(c)						
-	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO OFATH I	UT NOT RELATED TO THE	E TERMINAL OISEA	SE OR CONDITION GIVEN IN P	ART E (a),		
9		RATION	196. CONDIT	ION FOR WHICH	OPERATION V	WAS PERFORMED?		20 AUTOPS	SY?
ICATIO	190. DATE OF OPE								
RTIFICATION		ALICE VALAC	ALL TIME OF	Is till toy				YES X	NO
L CERTIFICATION	210 EXTERNAL CA		216 TIME OF HOUR A.M.	INJURY MONTH DAY	YEAR 21c. H	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM)	/	NO
	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF E	HOUR A.M.	MONTH DAY	YEAR 9		ED (ENTER NATURE OF INJURY IN ITEM I	/	NO
MEDICAL CERTIFICATION	216 EXTERNAL CA UNDERLYING CONTRIBUTING [214 INJURY OCCU	OR CAUSE OF DURRED	HOUR A.M. DEATH P.M.	MONTH DAY	YEAR 9 ME, 21f. LC	HOW INJURY OCCURRI DCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM I) CITY OR TOWN	/	
	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF DURRED	HOUR A.M. DEATH P.M.	MONTH DAY	YEAR 9 ME, 21f. LC	OCATION		8 PART 1 OR PART 2]	
	210 EXTERNAL CA UNDERLYING [CONTRIBUTING [21d INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF LURRED OT WHILE WORK	HOUR A.M. DEATH P.M.	MONTH DAY 10 PF INJURY (AT HOW ORY, FARM, ETC.)	YEAR 9 ME, 2Tf. LC	OCATION STREET	CITY OR TOWN	8 PART 1 OR PART 2]	
	210 EXTERNAL CA UNDERLYING [CONTRIBUTING [21d INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF DURRED OT WHILE WORK	HOUR A.M. DEATH P.M. 21e PLACE C STREET, FACTO	MONTH DAY 10 PF INJURY (AT HOW ORY, FARM, ETC.)	YEAR 9 ME, 2Tf. LC	OCATION STREET	CITY OR TOWN	8 PART 1 OR PART 2) COUNTY	
	216 EXTERNAL CA UNDERLYING CONTRIBUTING [216 INJURY OCCU WHILE NC AT WORK AT	OR CAUSE OF DURRED OT WHILE WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACT	MONTH DAY 10 PF INJURY (AT HOW ORY, FARM, ETC.)	YEAR 9 ME, 2Tf. LC	OCATION STREET	CITY OR TOWN	8 PART 1 OR PART 2) COUNTY	
	216 EXTERNAL CA UNDERLYING CONTRIBUTING [214 INJURY OCCU WHILE AT WORK AT	OR CAUSE OF DURRED OT WHILE WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACT	MONTH DAY 10 PF INJURY (AT HOW ORY, FARM, ETC.)	YEAR 9 ME. 21f. LC	DOCATION STREET POY X . Impector Homode :	CITY OR TOWN Inquiry , a Undetermined manner	8 PART 1 OR PART 2) COUNTY	STATI
	216 EXTERNAL CA UNDERLYING [CONTRIBUTING [216 INJURY OCCU WHILE NC AT WORK AT	OR CAUSE OF EURRED OT WHILE WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACTI	MONTH DAY 1- DF INJURY (ATHOROUGH, FARM, ETC.) FIDEO CHAPTER Held Accident	YEAR 9 ME. 21f. LC	DOCATION STREET POY X . Impector Homode :	CITY OR TOWN Inquiry , a Undetermined manner MEDICAL EXAMINER	county and in my apinion DATE SIGNED 5/3	STATE /83
	210 EXTERNAL CA UNDERLYING [CONTRIBUTING [21d INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF EURRED OT WHILE WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACT	MONTH DAY 1- DF INJURY (ATHOROUGH, FARM, ETC.) FIDEO CHAPTER Held Accident	YEAR 9 ME. 21f. LC	DOCATION STREET POY X . Impector Homode :	CITY OR TOWN Inquiry , a Undetermined manner MEDICAL EXAMINER	county DATE SIGNED 5/3	STAYE
WEDICAL MEDICAL	216 EXTERNAL CA UNDERLYING CONTRIBUTING [216 INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF EURRED DT WHILE WORK OF LIGHT CHAPTER AE Thom	HOUR A.M. P.M. 21e PLACE C STREET, FACTI	MONTH DAY OF INJURY (ATHOROPY, FARM, ETC.) TIDEO COLOR HAID ACCIDENT TO THE COLOR HAID ACCIDENT TO THE COLOR HAID Th, M.D.	YEAR 9 ME, 21f. LC	DOCATION STREET DOLLAR THE (SPECIFY) M. Deputy Ch	CITY OR TOWN Inquiry , a Undetermined manner MEDICAL EXAMINER	county and in my apinion DATE SIGNED 5/3	STATE /83

20M 4/B2

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DIVISION OF VITAL RECORDS	ASSES —	CERTIFICATION															
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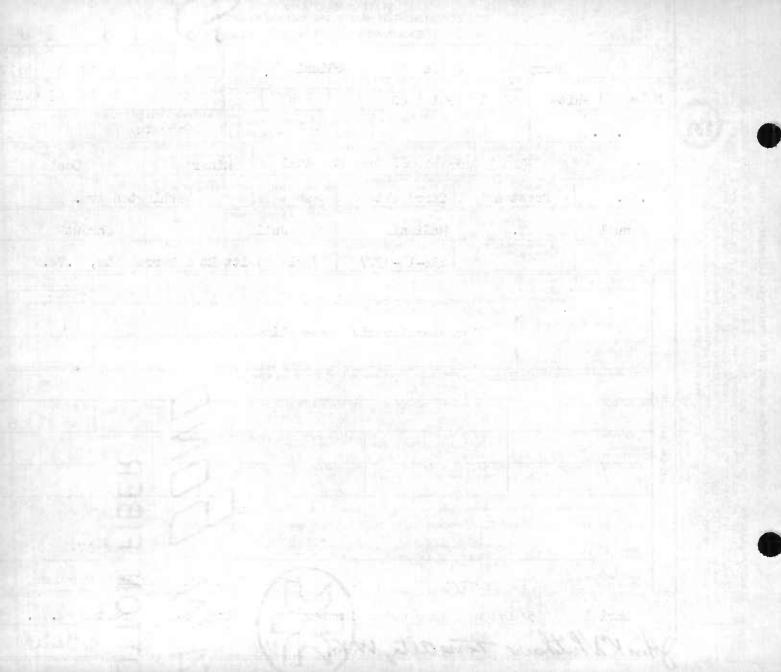


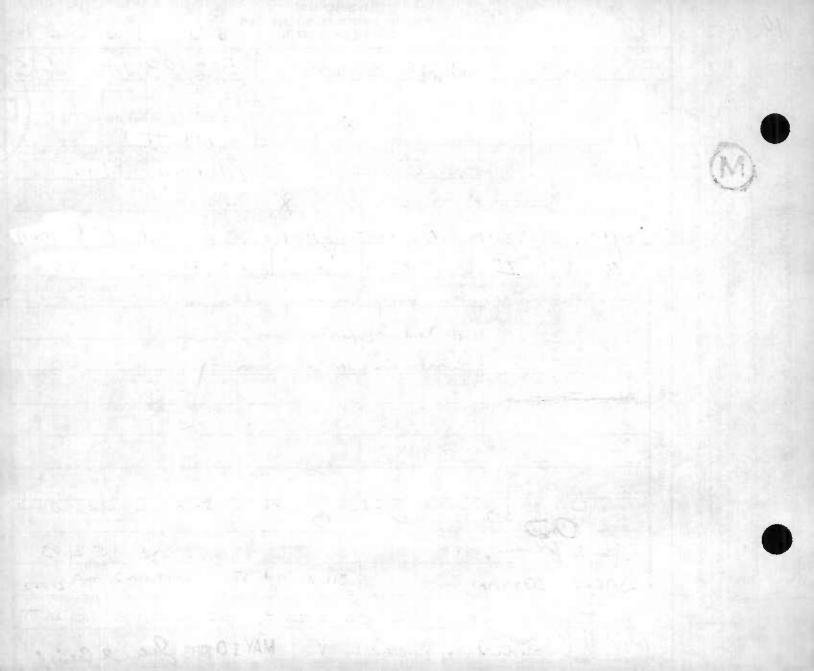
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 REGISTRAR 20. DATE KNOWN 1. DECEASED NAME 26 HOUD TTYPE OR PRINTI OF ESTI-McGinnis Harry Jesse 5 17 1983 4:17 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 2c. DATE AST BIRTHDAY PRONOUNCED :17P 1.83 Male White 82 1901 DEAD YRS SIET PLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W. Va. Garrett USA WIDOWED A DIVORCED TY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY (DOA) Garrett Co. Mem. Hospital FOR MOST OF WORKING LIFE) Miner Dakland Coal USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIL COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS W. Va. Washington Ave. Preston Terra Alta YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Samuel Julia McGinnis Shrout 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES, NO. OR UNKNOWNI 234-12-0377 Josie DeWitt Rt 1 Terra Alta. W. Va. No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURAL-TRANSIT PEMIT OF HEALTH AND MENTAL HYGENE RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Years IMMEDIATE CAUSE (a) Coronary artery disease

(DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which 11 (b) Arteriosclerosis, generalized gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBLE 4 SHOULD BE FORWARDED TO THE CHIEF IN TO THE CHIEF A SHOULD BE USED A STREADEN HATTEN THE STATE DEPARTMENT OF HE BALLLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES -NOX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OF YOWN COUNTY STATE WHILE AT WORK NOT WHILE WORK 220 I certify that I took charge of the remains described above, held Autopsy Inspection Inquiry LX and in my opinion death resulted from: Notural course Accident Homicide Undetermined monner DATE-17-1983 MEDICAL EXAMINER SIGNED James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland 23d LOCATION 236. NAME OF CEMETERY OR CREMATORY 5/20/83 Kingwood Burial Maplewood Cemetery Preston W. Va. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

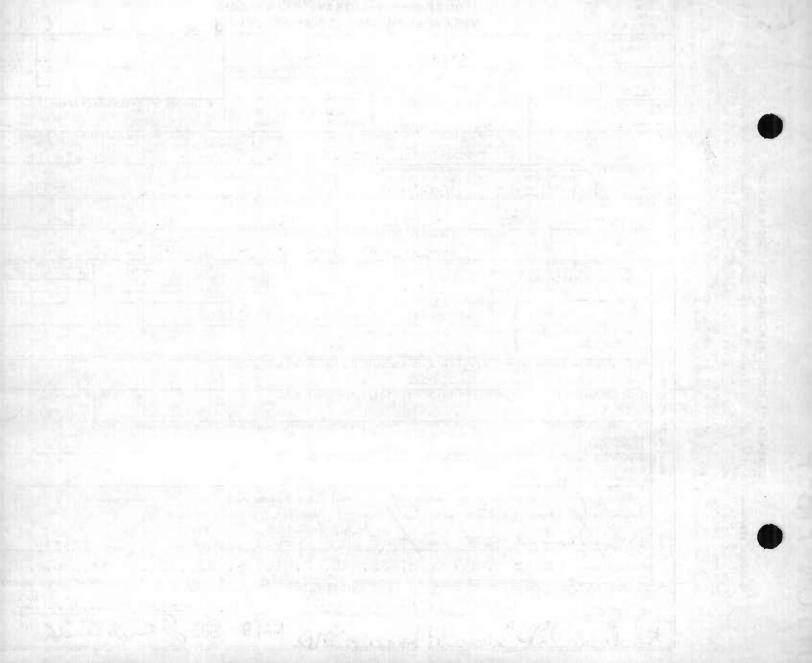




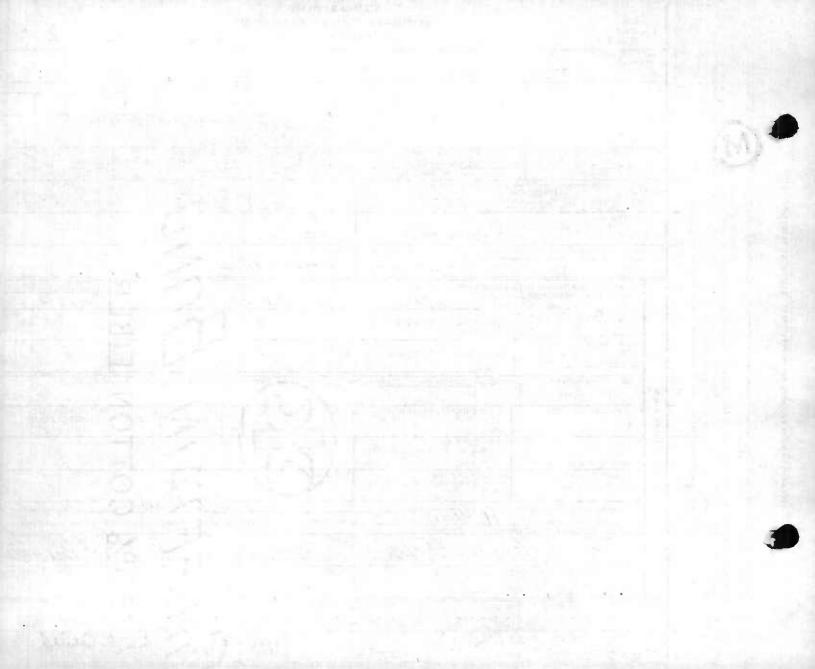
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RY, PLEADIRECTO	3 SE.	Male	White	5. DATE OF BIRTH	20	6. AGE (IN YE LAST BIRTHE	ARS IF UN AY) MONTH		IF UNDER 2	MIN,	PRONOUNG DEAD	CED	монтн 5	17	83 19	24 HOU
NECESSARY, PLEASE FUNERAL DIRECTOR. F FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	70. B	RTHPLACE (5) PREIGN COUNTRY)	Pa.	76 CITIZEN OF W		TRY?	8. MARR		VER MARRIE DIVORCE		9 BALTIMO	GARRI	_	NTY OF	DEATH	M
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W. PRESTON ST., WITHIN 24 HOUF ENCIL IN ITEM 18. MINER ALONG W MINER HYGIERMIT. NITAL HYGIERMIT. OR REMOVAL.		41		ATE CAUSE (0) COY	onary	arter	y di	sease-						Ye	ars	
HIN IL IN IC IN IC HY IC HY IC HY IC HY IC HY			s, if any, which	Ant		cleros			lized					8/	11	
NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHER SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. THE STATE DEPARTMENT OF HEALTH AND MEDINAL HYGIENE, DAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	, A		e to immediate stating the <u>under</u> se last.	< (0)		ISEQUENCE		50010								
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TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PF		220 certif	1/	ge of the remains de	Accident		Autop	Homic	PECIFY)		Inquiry ermined man		and in my o			
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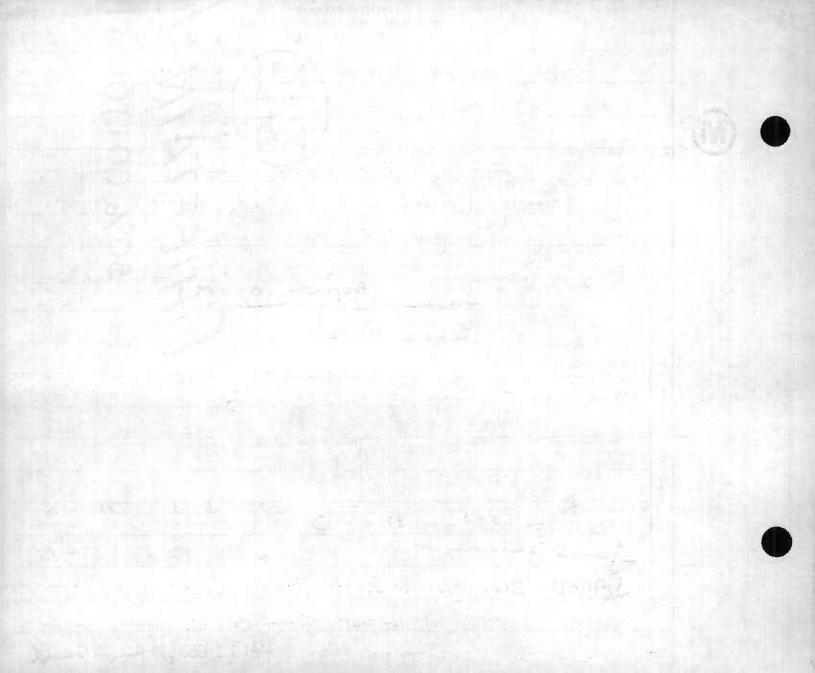
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			FOR		[DEPARTMENT OF	HEALTI	HAND MENTAL H	YGIENE						
X			STATE REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE O	F DEATH 3	REG. NO.	3	23	2 3		
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, H	AN SERVICE		Harvey	7	R.	Shives		Effie	, M	D.		Ric	6		
BALTIMORE,	S S S S S S	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI	TY NO.	17. INFORMANT	100	Penna.A					
Ē	FA-98	(4	es, no, or unkno No	WN) (IF YES, GIVE	WAR OR DATES)	799 19 40	24	Reba L. Ilng	er Hang	Penna.A	venue	21	750		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	m # S A I S	7	PAKI Z UTHEK SIE		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). Schizophrenia										
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7		υŽ	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			2	0 AUTO	PSY?		
Z X	NORD BECHI	E										YES	□ NOX□		
Ö	THE OULD BE WENT	CERT	UNDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA		OW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)				
O	FFOORS A	3		G CAUSE OF		19									
Z S	民人の公司民	MEDICAL	21d. INJURY O			FINJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TO	A/N	COUNTY	,	STATE		
۵	SEAR AR SEAR A	2	AT WORK	NOT WHILE C]	on , , , , , , , , , , , , , , , , , , ,			CHIOKIO	7717	COUNT		SIAIL		
	RE TH	- 5	22a. I certif		o of the remains dose	ribed above, held an	Autop	sy , Inspection	, Inquiry	[X] and in	n my apinia				
	EXAMINER: CERTIFICAT. ULD BE FOR DIRECTOR: WITH THE		100	1/	X			Hamicide			т ту артна	in			
	RATIFICATION OF THE CONTRACT O	75-	death resulte	Natur	al causes L.	Accident L , S	vicide		Undetermined mo	inner,					
	CAL EXA THE CERI SHOULD ERAL DIRI SATH, WII	- 6	ACTUAL	Den.	1-1	-LA	10	TITLE (SPECIFY) DEPUTY			DATE I	5-1-	-1983		
	SER SER	1	SIGNATURE			1	N	1,0	MEDICAL EXAM		SIGNED_				
	MEDICAL EXAMI ECUTE THE CERTIF AGE 4 SHOULD BE FUNERAL DIREC TER DEATH, WITH		EKAMINEJE'S I	NAME Jam	es H. Fe	astér, J	r.,	M. D. 107	S. 2nd	. St.,	Oak:	land	d, Md.		
	DESTRUCTION PRINT) James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oak PADRESS 230 BURIAL CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23d LOCATION														
		238 B	SPECIFY)		STEED AND					ancock,	COUNTY	MA	21750		
	BP	24 F	Buria UNERAL DIREC		5/4/83	Shives	cemet	ery 175m_DATE (Rt.2 Ha	R OS REGISTE	AR'S SIGN	ATURE	21/00		
	DHMH - 17	1	NIME 1	00	ADDRESS	11		MAY	9 1983	John	2. C	heed	1		
	(VR A15 ME (5)) 20M 4/82		uch	mes	Time	_ MAnce	XX	MD. WIAI	,,,,,,,			7			



	1-	STATE REGISTRAR			DEPART		FICATE OF DEATH	SIENE 8	REG. NO	, 1	3 5	2 4
er deoth		CEASED NAME	FIRST		MIDDLE		LAST	Zo. DATE			DAY YEAR	2b. HOUR
	(1117		Rollie	Ma	rtin	SMIT	H	May	10,	198	33	10:20 P
	3. SE)			4 RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRTH	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White		_	25, 1906	76		YRS	MONTHS DAYS	HOURS MIN
74		RTHPLACE ISTAT	E OR FOREIGN	16 CITIZEN O	F WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9. BALTIM	ORE CITY O	COUNTY	OF DEATH	
20		aryland		USA		WIDOW	DIVORCED	Gar	rett			MD.
17		TY OR TOWN O	FDEATH	LIE NOT IN SI	ICH FACHITY GIVE STREET	(ADDRESS)	OR OTHER INSTITUTION		L OCCUPATION			OF BUSINESS OR
		Daklnad		Dennet	t Road Ma	nor N	ursing Home	Mine	er		Coal	
35	130 S	al residence (1 Tate 1d.	136 COUN	TY	136. CITY OR TOV		13d INSIDE CITY LIMITS?		ate 1		2	1550
111	_	THER'S NAME				9 7	15 MOTHER'S MAIDEN NA					
e/ /	1	ouis	^	AIDDLE	Schmidt		Ellen		WIDDLE		Wolf	51
1	16a W		EVER IN U.S. AR	MED FORCES?		JRITY NO.	17 INFORMANT	1077	ADDRE	SS Pos		
medico		No	(# 123, 0102	WAR OR DATES)	213-18-2	2861	Phyllis Gai	ther	Baya	ard.	x 193 W. Va.	
		II CAUSE OF	DEATH (Enter an	y ane cause p	er line for (a) 169, a	id (SO	-7 1					ONSET AND DEATH
		PART I. DEA	TH WAS CAUSED	D BY: E C AUSE (a)_	Mer	Ken	2 Solera	Res			Jea	150
otic		4.40	/	DUE TO	OR AS A CONSEQU	ENCE OF				3.7	V	
0	-8	Canditians, if		((b)_								
er tr		gave rise to cause (a),	stating the	DUE TO	OR AS A CONSEQU	ENCE OF						45
to r		underlying	cause last.	((c)_								
injury, o	NO	PART 2. OTHER	SIGNIFICANT	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	SE OR CONE	DITION GIV	EN IN PART 1	a,
Àuo !	CERTIFICATION	19e. DATE OF O	PERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	20b. IF YES	S, WERE FINDS	NGS USED
3	Z IF			100				YES 🗌	NOX		s 🗌	NO 🗆
6	_		AS UNDERLYING C	1100110	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED SENTER	NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)	
Hem	CAL	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		P.M.	19						ZALEU
jap	MEDICAL	21d. INJURY OC	CURRED		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		AT WORK	AT WORK				/	4	alle		0/2	
E S				al) attended	deceased fram.	<u> </u>	19.00		O mi	is	19	that (I) (we) last
121		above, (i) i	eceased alive an we) (did) (did nat	yiew the bod	y after deeth.	, 0	nd that in (my) (aur) apinian	death accur	red an the da	te and hav	r and fram the	causes stated
IMPORTANT: If then		27h SIGNATUR	99/	1	ue n.	1	DEGREE ATTENDING	human.	L STAF	- 3	22c. DATE	SIGNED C2
MPORTANT:		al	110		11/1	2	PHYSICIAN [MEDICA	R PHYSIC	IAN 🗌	16	nayod
3/		22d. PHYSICIAN	I'S NAME (TYPE OR	PRINT)			22e ADDRESS	6 10			37	Til
2/		A.E. M	fance, M.	D.			Oakland, M	arylai	nd 21	550		
	23a. B	URIAL, CREMAT	ION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOC	ORTOWN		COUNTY	STATE
		Buri	1	/5/13/	/83	Taylor	-Sines Cemete			~	and Gar	
3		NERAL DIRECTO	nouv.	XI. XOL	ADDRESS		I BAA'	FREC'D BY	REGISTRA (Sb. REGIST	RAPIS SICHA	TURE
	I	Durst Fu	meral H	ome (Dakland, N	Maryla	and MA	IIOI	200			





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE He MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 Grover REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH 25 HOUR TYPE OR PRINT) ESTI-White Henry Grover DEATH MATED 5 22 10 83 250E 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. 3. SEX IE LINDER 24 HRS MONTH DAY 2d HOUR 2c. DATE 88 yps PRONOUNCED 1250F 83 White 1895 Male DEAD 19 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W. Va. U.S.A. WIDOWED X DIVORCED Garrett CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Farmer Oakland rming Garrett Co. Memorial Hospital SUAL RESIDENCE (IF IN NURSING HO Be. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 POUNTY 13r CITY OR TOWN Tucker YES . NO S George Rural FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDOLE Hauser William White Mary George 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) No 232-60-3369 Mrs. Leon Ball Eglon, WV. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 11 Arteriosclerosis, generalized gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10/ "ARDED TO THE CHIEF MANAGE 3 SHOULD BE USED AS A BI ATE DEPARTMENT OF HEALTH A MINISTER TO BURNAL, CREMA 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION EXECUTE THE CERTIFICATE, TANARDEL PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described obave, held any Notural causes Hamicide __ death resulted way Accident Undetermined manner TITLE (SPECIFY) DATE 5-22-1983 MEDICAL EXAMINER EXAMINER'S NAME Jr. M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland James H. Feaster. Horseshoe Run, WV Texas Cemetery May 24,1983 24 FUNERAL DIRECTOR **DHMH - 17** Lester R. Hinkle Davis. WV. (VR A15 ME (5)) 20M 4/B2

.V. Holma first root . The tolt-Da-ElS Jurial Johnson ton grand James James James Johnson to Labrus 1884, 18 Laster L. Marke Davie, Jr. . The Control of the Control

